

QUARTERLY REPORT

ENF 101 (New 1/2000)

One of the conditions of your probation requires you to submit quarterly declarations on forms provided by the Emergency Medical Services Authority. Under penalty of perjury you are to state whether there has been compliance with **all** the conditions of probation as noted in the Settlement Agreement/Decision and Order.

The Quarterly Report forms are attached and supplied for quarterly declarations for the first year. Please make copies of this form if you are on probation longer than 1 year.

The Quarterly Reports of Compliance are due on the following schedule:

<u>Period Covered</u>	<u>Due on or Before</u>
1/1 - 3/31	4/15
4/1 - 6/30	7/15
7/1 - 9/30	10/15
10/1 - 12/31	1/15

The period covered by the initial & final Quarterly Report may be adjusted to reflect the actual date of the commencement or completion of the term of probation.

Failure to comply with the reporting requirements is a **violation** of probation. It is grounds for administrative action to revoke probation, and to carry out the Disciplinary Order that was stayed.

TYPE OR PRINT CLEARLY

1. QUARTERLY REPORTING PERIOD

From _____
month/day/year

To _____
Month/day/year

2. PERSONAL INFORMATION

Name _____ Home Telephone # _____

Residence address

Mailing address

Is this a change of address for this quarter?

Yes 9

No 9

If yes, indicate which address is now your
address of record:

Residence 9

Mailing 9

3. EMPLOYMENT INFORMATION

List all current EMS employers:

#1. Address

Telephone # _____

#2. Address

Telephone # _____

Is this a change of address for this quarter?

Yes 9

No 9

ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS

ALL ANSWERS SHOULD RELATE TO THE CURRENT QUARTERLY REPORTING PERIOD ONLY

- If you check **T** "YES", fill out the designated attachment sheet.
- Mail the appropriate attachment sheet with this quarterly report to the Probation Monitor at the EMS Authority.
- If you check **T** "NO", proceed to the next question.

YES NO

- In this quarter, have you been the subject of a complaint, review, or investigation? 9 9
If yes, complete **Attachment A**.
- In this quarter, have you been arrested, charged or convicted of any crime? 9 9
If yes, complete **Attachment B**.
- In this quarter, were you required to undergo a psychological evaluation? 9 9
If yes, complete **Attachment C**.
- In this quarter, were you required to undergo psychotherapy? 9 9
If yes, complete **Attachment D**.

	YES	NO
<ul style="list-style-type: none"> In this quarter, were you required to be supervised? If yes, complete Attachment E. 	9	9
<ul style="list-style-type: none"> In this quarter, were you required to perform hours of community service? If yes, complete Attachment F. 	9	9
<ul style="list-style-type: none"> In this quarter, were you required to participate in an approved substance abuse treatment program? If yes, complete Attachment G. 	9	9
<ul style="list-style-type: none"> In this quarter, were you required to take and pass a licensing or other type of examination? If yes, complete Attachment H. 	9	9
<ul style="list-style-type: none"> In this quarter, were you required to attend an educational course? If yes, complete Attachment I. 	9	9
<ul style="list-style-type: none"> Does your probation order indicate other terms, conditions, or deadlines not previously covered in this Quarterly Report? If yes, complete Attachment J. 	9	9

DURING THIS QUARTER, HAVE YOU COMPLIED WITH ALL THE TERMS AND CONDITIONS OF YOUR PROBATION? YES 9 NO 9

IF NO, EXPLAIN BELOW:

I DECLARE THE FOREGOING, THE ENCLOSED ATTACHMENTS, AND ANY OTHER ENCLOSED STATEMENTS OR DOCUMENTS ARE TRUE AND CORRECT UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA.

Signature

Date

COMPLAINTS**ATTACHMENT A**

IN THIS QUARTER, HAVE YOU BEEN THE SUBJECT OF A COMPLAINT, REVIEW, OR INVESTIGATION FROM ANY OF THE FOLLOWING AGENCIES? YES ☐ NO ☐

If yes, check ☐ all that apply:

- ☐ Local EMS Agency
- ☐ Hospital Committee
- ☐ Professional Association

- ☐ Licensing Authority
- ☐ Medical Society
- ☐ Other Governmental Agency

LIST ALL ACTIONS OTHER THAN THE ONE FOR WHICH YOU HAVE ALREADY BEEN DISCIPLINED FOR BY THE STATE EMS AUTHORITY.

AGENCY	TYPE OF ACTION/DATE	STATUS

Name _____

Quarterly Report Period: From _____ To _____

ARRESTED, CHARGED OR CONVICTED OF A CRIMEATTACH CERTIFIED COPIES OF THE POLICE REPORTS AND COURT DOCKETS TO THIS FORM

OFFENSE	DATE ARRESTED	DATE CHARGED	DATE CONVICTED

EXPLAIN BELOW THE DETAILS OF THE INCIDENT:

OFFENSE	DATE ARRESTED	DATE CHARGED	DATE CONVICTED

EXPLAIN BELOW THE DETAILS OF THE INCIDENT:

OFFENSE	DATE ARRESTED	DATE CHARGED	DATE CONVICTED

EXPLAIN BELOW THE DETAILS OF THE INCIDENT:

NAME _____

Quarterly Report Period: From _____ To _____

NAME OF EVALUATOR	DATE EVALUATION SCHEDULED	DATE EVALUATION COMPLETED

IF YOUR EVALUATION HAS BEEN COMPLETED, ATTACH PROOF OF COMPLETION

IF THE EVALUATION IS REQUIRED, BUT NOT YET SCHEDULED, EXPLAIN THE STATUS BELOW:

Name _____

Quarterly Reporting Period: From _____ To _____

PSYCHOTHERAPY**ATTACHMENT D**

NAME OF THERAPIST/ BUSINESS TELEPHONE #	LOCATION OF SESSIONS	DATE EVALUATION BEGAN	DATE EVALUATION COMPLETED

REQUIRED FREQUENCY OF SESSIONS: Weekly **9** Monthly **9**

DATES OF THERAPY FOR THIS QUARTER:

IF YOUR THERAPIST MISSED OR CANCELED AN APPOINTMENT , EXPLAIN DETAILS BELOW:

Name _____

Quarterly Reporting Period: From _____ To _____

REQUIRED SUPERVISION**ATTACHMENT E**

DATE	NAME OF SUPERVISOR/BUSINESS TELEPHONE #

Name _____

Quarterly Reporting Period: From _____ To _____

NAME OF PROGRAM	PROGRAM MONITOR/ BUSINESS TELEPHONE #	DATE ENTERED PROGRAM	ESTIMATED COMPLETION DATE

HAVE YOU COMPLIED WITH ALL PROGRAM REQUIREMENTS? Yes **9** No **9**

IF NO, EXPLAIN DETAILS BELOW:

Name _____

Quarterly Report Period: From _____ To _____

TYPE OF EXAMINATION COMPLETED	DATE ENTERED PROGRAM	ESTIMATED COMPLETION DATE

DO YOU HAVE A DEADLINE FOR COMPLETING THIS REQUIREMENT OF YOUR PROBATION ORDER? YES 9 NO 9

IF YES, ENTER DATE: _____

IF YOU ARE AWAITING NOTIFICATION FROM THE EMS AUTHORITY REGARDING THIS PROCESS, EXPLAIN BELOW:

Name _____

Quarterly Reporting Period: From _____ To _____

EDUCATION COURSES COMPLETED	DATE ENROLLED	DATE COMPLETED	HOURS COMPLETED

IN THIS QUARTER, DID YOU ENROLL IN ANY REQUIRED COURSES? Yes **9** No **9**

IF NO, EXPLAIN BELOW:

ATTACH COPIES OF YOUR PROOF OF ATTENDANCE

IF YOU ARE DEVELOPING YOUR EDUCATION PLAN FOR THE EMS AUTHORITY APPROVAL, OR COMPLETING A COURSE FROM A PRIOR QUARTER, DETAIL BELOW THE ACTIONS YOU HAVE TAKEN TO MEET THIS REQUIREMENT:

Name _____

Quarterly Reporting Period: From _____ To _____

DETAIL BELOW ANY OTHER TERMS, CONDITIONS, OR DEADLINES NOT MENTIONED
IN THE QUARTERLY REPORT AFFIDAVIT:

IN THIS QUARTER, WHAT SPECIFIC STEPS HAVE YOU TAKEN TOWARD
COMPLIANCE WITH THE ABOVE STATED TERMS, CONDITION, OR DEADLINES:

Name _____

Quarterly Reporting Period: From _____ To _____